Reviewed by Sol Rain for POC acceptance 7/28/09 LSC app. letter sent. B Cavanagh

PRINTED: 07/07/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN638HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANNER CHURCHILL COMMUNITY HOSPITAL	801 EAST WILLIAMS AVENUE FALLON, NV 89406

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S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey and complaint investigation conducted in your facility on June 24 through June 26, 2009, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00021983 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 051 SS=C	NAC 449.314 Quality of Care/policies procedures 2. The scope of services provided by each department, unit or service within a hospital must be defined in writing and must be approved by the administration and the medical staff of the hospital. Each department, unit or service within a hospital shall provide patient care in accordance with its scope of services. The policies and procedures of a hospital and of each department, unit or service within the hospital must, to the extent necessary, be integrated with the policies	S 051		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Steve R Fisher — TITLE: CFO — (X6) DATE: 7/17/09

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S 051	Continued From page 1 and procedures of the other departments, units and services within the hospital. This Regulation is not met as evidenced by: Based on policy review and interview, the facility failed to ensure that written and electronic policies and procedures were consistant, were available to all staff, and were approved by the medical staff and the administration of the hospital. Severity 1 Scope 3	S 051	S051 Action Plan: As policies and procedures are revised they will be placed in the electronic data base and a hard copy will be maintained in the department manual. Where applicable, medical staff and administration will approve polices and this will be evidenced by the individual policy header information. Monitoring: The facility Policy and Procedure Team Lead will educate all employees to this process. Demonstration on how to access will be evidenced by daily staff rounding in all departments. Responsible Party: Director Quality/Risk.	9/17/09
S 070 SS=D	NAC 449.3154 Construction Standards 1. Except as otherwise provided in this section, a hospital shall comply with the provisions of NFPA 101: Life Safety Code, pursuant to section 1 of this regulation. This Regulation is not met as evidenced by: The current edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) is the 2006 edition. Your facility was surveyed using Chapter 19 Existing Health Care Occupancies. 1) Section 19.2 Means of Egress Requirements 19.2.3.4 Any required aisle, corridor, or ramp shall not be less than 48 in. (1120 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by the follow: Based on observation and interview, the facility failed to maintain pre-existing eight foot wide corridors used as exit access as follows: a. On the second floor in the East corridor across from Room #218 a Hoyer lift was stored reducing the corridor width from eight feet to six feet. The	S 070	S070 Action Plan: Obtain current edition of NFPA 101 Life Safety Code containing Chapte19 Existing Health Care Occupancies utilized in this survey. Monitoring: The Director of Plant Ops will place the current Life Safety Code edition in a visible place and educate staff on the current standards Responsible Party: Associate Administrator. 1a) Action Plan: Develop identified storage areas for equipment waiting to be repaired as well as equipment not in use. Monitoring: Environmental rounds will be made on daily basis to ensure 8 foot clearance maintained. Rounds will be made by Director of Plant Ops and Administrator On-Call three times per week. Responsible Party: Associate Administrator.	7/31/09 8/15/09

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S 070	Continued From page 2 Maintenance Director stated "It is waiting to be repaired" and there was a sign on the lift that read "do not use." b. On the second floor in the West corridor leading from the labor and delivery area to the main corridor six bassinets and one bed were stored reducing the corridor width from eight feet to five feet. The Maintenance Director stated "That looks like a storage area." Severity 2 Scope 1 2)Section 9.6 Fire Detection, Alarm, and Communication Systems 9.6.1.6 Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. Based on interview with the Maintenance Director, the facility failed to have a policy addressing the loss of the fire alarm system protection. Severity 1 Scope 3 3)Section 19.3.5 Extinguishment Requirements. 9.7 Automatic Sprinklers and Other Extinguishing Equipment 9.7.6.1 Where a required sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an	S 070	S070 1b). Action Plan: Develop identified storage areas for equipment waiting to be repaired as well as equipment not in use. Monitoring: Environmental rounds will be made on daily basis to ensure 8 foot clearance maintained. Rounds will be made by Director of Plant Ops and Administrator On-Call three times per week. Responsible Party: Associate Administrator. 2). Action Plan: Develop and implement policy for addressing the loss of the fire alarm system protection. Education to be done with all Plant Ops staff on new policy. Monitoring: Fire alarm system protection will be incorporated into monthly EOC rounds. Responsible Party: Associate Administrator. 3). Action Plan: Develop and implement policy for addressing the loss of the sprinkler alarm system protection. Education to be done with all Plant Ops staff on new policy. Monitoring: Sprinkler alarm system protection will be incorporated into monthly EOC rounds. Responsible Party: Associate Administrator.	8/15/09 7/31/09 7/31/09

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S 070	Continued From page 3 approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. Based on interview with the Maintenance Director, the facility failed to have a policy addressing the loss of the sprinkler system protection. Severity 1 Scope 3	S 070	S115 1). Action Plan: Staff re-educated on biohazard guidelines and what items need to be placed in bags/containers marked for biohazard materials. Monitoring: Director of ED to make weekly infection control rounds within department to ensure that biohazard materials are being disposed of properly and bags/containers are appropriately marked. Responsible Party: Chief Nursing Officer.	7/15/09
S 115 SS=E	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation the facility failed to maintain a sanitary environment to prevent the spread of infection as follows: 1. In the equipment room near the Emergency Department a used suction canister with liquid brown secretions was observed in a trash can that was not marked as containing biohazard material. 2. Blood pressure cuffs were observed on the floor and in the trash can in the Emergency Department. 3. A mop bucket and mop were observed in the decontamination shower room near the Emergency Department. 4. Two bags of IV solution with tubing attached were left in the Emergency Department trauma room from training the night before.	S 115	2). Action Plan: Staff re-educated on appropriate placement of equipment and need to ensure that it is stored properly, i.e. that blood pressure cuffs are not left uncoiled so can drag on ground or fall in places such as trash cans. Monitoring: Director of ED to make weekly infection control rounds within department to ensure equipment is properly stored. Responsible Party: Chief Nursing Officer. 3). Action Plan: Mop and mop bucket removed from decontamination room and are not stored in this location. Monitoring: Director of ED to round weekly to ensure mops and mop buckets are properly stored and are not in decontamination room.C22are properly stored. Responsible Party: Chief Nursing Officer.	7/15/09 7/15/09

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S 115	Continued From page 4 5. Endoscopes were stored in the Endoscopy Procedure Room with one end of the scope resting on towels with light brown stains in the storage cabinet. Severity 2 Scope 2	S 115	S115 4). Action Plan: Staff re-educated on appropriate disposal of tubings and solutions (esp. when used for training and not for patient care). Monitoring: Director of ED to make weekly infection control rounds within department to ensure supplies properly discarded. Responsible Party: Chief Nursing Officer.	7/15/09
S 117 SS=C	NAC 449.325 Infections and Communicable Diseases 2. A hospital shall designate at least one person as an infection control officer, who shall develop and carry out policies governing the control of infections and communicable diseases. This Regulation is not met as evidenced by: Based on review of the Infection Control Committee meeting minutes and interview the facility failed to conduct quarterly meetings in accordance with the facility's Policy Number: IC-01, Infection Prevention. Severity 1 Scope 3	S 117	5). Action: Endoscope hangers will be modified to prevent tips from touching bottom/towels. Monitoring: Daily checks on scopes to ensure appropriate hanging. Responsible Party: Chief Nursing Officer. S117 Action: New Infection Preventionist hired January 2009. Quarterly meetings held to date: 1/20/09, 5/28/09. Future meetings have been scheduled for 8/27/09 and 12/22/09 to meet the quarterly meeting requirement per Policy Number IC-01. Monitoring: Documented minutes to reflect quarterly meeting dates Responsible Party: Director Quality/Risk.	8/30/09 7/17/09
S 128 SS=F	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to conduct quarterly preventative maintenance on the autoclave, Steris washer and	S 128		

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S 128	Continued From page 5 the Steris endoscope washer in accordance with the manufacturer's guidelines. Severity 2 Scope 3	S 128	S128 Action Plan: Preventative maintenance to be completed on all autoclaves, Steris Washers and Steris Endoscope Washer by July 15th. Negotiate a contract with Steris regarding ongoing preventative maintenance (at least quarterly). Monitoring: The Director of Plant Ops will monitor preventative maintenance log monthly to ensure that all preventative maintenance is being performed within established timeframes Responsible Party: Associate Administrator	9/1/09
S 138 SS=C	NAC 449.331 Emergency Services 1. A hospital shall develop and carry out policies and procedures to ensure that emergency services and medical care are provided in accordance with NRS 439B.410 and 42 C.F.R. § 489.24. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to conspicuously post a sign in the Emergency Department specifying the rights of individuals with emergency medical conditions and women in labor in accordance with 42 CFR 489.20. Severity 1 Scope 3	S 138	S138 Action Plan: Sign moved to new location next to sign in desk in a conspicuous location. Monitoring: Director of ED will ensure sign is visible and well maintained on a monthly basis. Responsible Party: Chief Nursing Officer	7/10/09
S 139 SS=A	NAC 449.331 Transfer Agreements 2. All general hospitals not having their own long-term facility shall have transfer agreements with long-term care facilities. Transfer agreements between facilities must be in writing and on file at each facility concerned. The agreements must provide for: (a) The transfer of patients between facilities whenever the need for transfer is medically determined This Regulation is not met as evidenced by: Based on interview with the Chief Nursing Officer, the facility failed to have a written agreement with an extended care facility to transfer patients for long term care.	S 139	S139 Action: The hospital has a written agreement with an extended care facility (Highland Manor, Fallon, NV) to transfer patients for long term care. The agreement provides for: a. The transfer of patients between facilities whenever the need for transfer is medically determined; and b. The exchange of appropriate medical and administrative information between facilities. Responsible Party: Chief Financial Officer	7/15/09

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S 139	Continued From page 6 Severity 1 Scope 1	S 139	S175 1). Action Plan: Trash receptacles being replaced with foot control lids. Monitoring: Director of Dietary to round weekly to ensure correct receptacles in place. Responsible Party: Associate Administrator	7/31//09
S 175 SS=E	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Based on observation, the facility failed to be in compliance with all the regulations of NAC 446 in the dietary department as follows: 1. Trash receptacles were uncovered at all hand sinks. 2. A large cart was blocking access to the dishroom hand sink. 3. Mops must be hung while drying. 4. There were three refrigerators located in auxiliary areas which were not commercial grade. 5. There was a rusted rack in the reach-in refrigerator on the cooks line. 6. The walk-in floor was rusting and in need of replacement. Severity 2 Scope 2	S 175	2). Action Plan: Large cart removed from area. Monitoring: Director of Dietary to round weekly to ensure hand sink is not blocked and carts are properly stored. Responsible Party: Associate Administrator 3). Action Plan: Mops are now hung when drying. Monitoring: Director of Dietary to round weekly to ensure mops are properly stored. Responsible Party: Associate Administrator. 4). Action Plan: Commercial grade refrigerators ordered and will be installed as soon as arrive in appropriate areas. Monitoring: Director of Dietary to ensure that all refrigerators are replaced and future refrigerators are purchased of commercial grade. Responsible Party: Associate Administrator. 5). Action Plan: Rack in the reach in refrigerator on cooks line replaced. Monitoring: Director of Dietary to round weekly to ensure appropriate cleaning and that no racks, equipment, etc. is rusting. Responsible Party: Associate Administrator	7/10/09 7/10/09 9/1/09 7/17/09
S 231 SS=D	NAC 449.343 Medication Orders 2. When a telephone or verbal order is used to order medications or biologicals, the order must be: (a) Accepted only by a person who is authorized by the policies and procedures of the medical staff, which must be consistent with state law, to accept such an order; and (b) Signed or initialed by the prescribing practitioner in accordance with hospital policy.	S 231		

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S 231	Continued From page 7 This Regulation is not met as evidenced by: Based on record review, it was determined that the facility failed to obtain the ordering physician's signature on verbal orders within 72 hours as identified in facility policy for 2 of 17 patients. (Patients #14 and #17) Severity 2 Scope 1	S 231	6). Action Plan: Quote obtained, floor to be replaced. Monitoring: Floors to be incorporated into monthly EOC rounds to evaluate for rusting or safety issues Responsible Party: Associate Administrator S231 Action Plan: Policies and Procedures revised to reflect ordering physician signature within 48 hours. Facility Medical Director educated and presenting information to Medical Executive Committee and Medical Staff. Clinical Leadership educated on verbal orders being for emergent situations only and that they must be flagged for physician signature. Monitoring: Verbal/telephone orders added to weekly documentation audits. Responsible Party: Chief Nursing Officer	9/17/09 7/15/09
S 233 SS=C	NAC 449.343 Medication Orders 4. Medication and biologicals that are not specifically prescribed as to time or number of doses must be automatically stopped after a reasonable time that has been predetermined by the medical staff for that medication or biological. This Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to develop a stop order policy for medication orders that do not include a stop date or identify the number of doses to be given. Severity 1 Scope 3	S 233		
S 246 SS=E	NAC 449.346 Rehabilitative Services 2. If a hospital provides rehabilitative services, including, without limitation, physical therapy, occupational therapy, audiology or speech pathology, the services must be organized and staffed to ensure the health and safety of the patients. The organization of the services must be appropriate to the scope of the services offered. This Regulation is not met as evidenced by: Based on interview with the Physical Therapy Director and Chief Nursing Officer, the facility provided inpatient and outpatient physical therapy, but failed to provide occupational and	S 246	S233 Action Plan: Stop Order Policy located, however, was out of date. Policy being revised by Director of Pharmacy and will be implemented when revisions complete. Monitoring: Director of Pharmacy will audit stop orders for compliance with policy. Responsible Party: Chief Nursing Officer S246 Action Plan: Secure contracts for occupational and speech therapist to provide inpatient and outpatient services.	7/31/09

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S 246	Continued From page 8 speech therapy as required. Severity 2 Scope 2	S 246	S246 (cont'd) Monitoring: All orders for occupational and speech therapy will be monitored once services secured on a monthly basis to ensure orders being completed in a timely manner by Director of Rehab Services. Responsible Party: Associate Administrator	9/17/09
S 255 SS=E	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the Emergency Department staff checked the two crash carts located in the Emergency Department for the integrity of the contents and the function of the defibrillator in accordance with facility policy and procedure. Severity 2 Scope 2	S 255	S255 Action Plan: Staff educated on facility policy and procedure on crash cart and defibrillator checks. Monitoring: Director of ED to audit crash cart and defibrillator check logs on a weekly basis. Responsible Party: Chief Nursing Officer.	7/31/09
S 260 SS=E	NAC 449.349 Emergency Services 4. A hospital shall have sufficient medical and nursing personnel who are qualified in emergency medical care to carry out the written emergency procedures of, and to meet the emergency needs anticipated by, the hospital. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that an Emergency Department physician was in the facility from 7:00 PM on 6/13/09 through 7:00 AM on 6/14/09 in accordance with the facility's Policy Number: ED-12, Emergency Department Staffing. Severity 2 Scope 2	S 260	S260 Action Plan: ED Physician Contract has been signed with Rural Emergency Medical Services to provide 24/7 physician coverage in the ED. Monitoring: Physician schedule to be reviewed monthly by Senior Leadership to verify all shifts appropriately covered with an ED credentialed physician. Responsible Party: Chief Nursing Officer.	7/5/09
S 265 SS=B	NAC 449.352 Social Services	S 265	S265 Action: The hospital has drafted written policies and procedures for the provision of social services by the hospital staff. The hospital will engage a licensed and qualified social worker who has at least one year of hospital experience to consult on the policies and procedures and their implementation.	

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S 265	Continued From page 9 1. A hospital shall have effective written policies and procedures for the provision of social services by the hospital staff. This Regulation is not met as evidenced by: Based on interview with the Care Coordinator, the facility failed to have written policies and procedures for providing social services to patients in need of such services. Severity 1 Scope 2	S 265	S265 (cont'd) Finalized policies and procedures will be available for hospital staff to review on the hospital's intranet policy database and hard copies will be distributed to nursing leaders. Management, nursing staff, the chaplain, and the Guest Services Director will be trained via an in-service on the social services available to patients and how they may be accessed by patients. Physicians will be educated on the services available and how they may be accessed by patients via a written communication and an announcement at the Medical Staff meeting. Monitoring: Annual review of the social work policies and procedures. Responsible Party: Chief Nursing Officer.	9/11/09
S 266 SS=E	NAC 449.352 Social Services 2. Social services must be provided or supervised in accordance with chapter 641B of NRS by a professional, qualified social worker who is appropriately trained and has adequate experience to meet the social and emotional needs of the patients and their families. If the social worker does not have the educational and experiential requirements of a qualified social worker, an ongoing plan for consultation between the social worker and a qualified social worker must be developed. This Regulation is not met as evidenced by: Based on interview with the Chief Nursing Officer, the facility failed to employ or contract with a qualified social worker. Severity 2 Scope 2	S 266	S266 The hospital will engage the services of a licensed and qualified social worker who has at least one year of hospital experience by either employing the individual or implementing a contractual arrangement. All hospital employees will be informed via e-mail and an announcement in publications designed for hospital employees (The Huddle and E-News) of the addition of this social services provider to the staff, the services s/he will provide and how services may be accessed by patients. As noted above, management, nursing staff, the Chaplain, and the Guest Services Director will be trained via an in-service on the social services available to patients and how they may be accessed by patients.	
S 268 SS=E	NAC 449.352 Social Services 4. As used in this section, "qualified social worker" means a licensed social worker who has had at least 1 year of actual work experience in a hospital setting. This Regulation is not met as evidenced by: Based on interview with the Chief Nursing Officer,	S 268		

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S 268	Continued From page 10 the facility failed to employ or contract with a qualified social worker. Severity 2 Scope 2	S 268	S268 (cont'd) Physicians will be educated on the services available and how they may be accessed by patients via a written communication and an announcement at the Medical Staff meeting. Monitoring: Annual review of the social work policies and procedures. Responsible Party: Chief Nursing Officer.	9/11/09
S 293 SS=F	NAC 449.361 Nursing Services 4. A hospital shall have a system for determining the nursing needs of each patient. The system must include assessments made by a registered nurse of the needs of each patient and the provision of staffing based on those assessments. This Regulation is not met as evidenced by: Based on review of the current nurse staffing system and staff interview, the facility failed to have a staffing system that was based on registered nurse assessments of the needs of each patient. Severity 2 Scope 3	S 293	S293 Action Plan: Staffing system being revised to ensure staffing takes into account patient assessments and needs. New guidelines and policies to be implemented after staff and nursing leadership education. Monitoring: Nursing Directors to monitor assignments on a weekly basis to ensure guidelines and policy being followed. Responsible Party: Chief Nursing Officer.	8/31/09
S 304 SS=B	NAC 449.3622 Appropriate Care of Patient 2. The governing body shall ensure that each person's role in providing care to a patient is determined by: (d) The relevant required licensure or certification, regulation, privileges, scope of practice and job description of the person. This Regulation is not met as evidenced by: Based on credentialing file review, the facility failed to have documentation that 1 of 16 physician assistants had current ACLS and PALS certification. (Employee #1) Severity 1 Scope 2	S 304	S304 Action Plan: All credentialing files to be reviewed to ensure appropriate credentials in place based on specialty, etc. On-going file review plan being developed and implemented. Monitoring: Quarterly review of credentialing files and database for expired credentials. It will be a quarterly standing agenda item on Medical Executive Committee Responsible Party: Associate Administrator.	7/14/09

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN638HOS	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANNER CHURCHILL COMMUNITY HOSPITAL	801 EAST WILLIAMS AVENUE FALLON, NV 89406

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S 348	Continued From page 11	S 348	S348 Action Plan: Staffing re-evaluated in Nursery and one staff member is always present when a newborn is in the nursery. New guidelines and policies being written to reflect new staffing. Monitoring: Director of Women's Services to monitor assignments on a weekly basis to ensure guidelines and policy being followed Responsible Party: Chief Nursing Officer.	7/30/09
S 348 SS=F	NAC 449.364 Obstetrical Services 4. A hospital shall ensure that the obstetric department has adequate staffing and equipment, including, without limitation: (a) A sufficient number of registered nurses, trained in perinatal care of a maternal patient and in newborn care, who are on duty at all times to ensure that proper care is provided to each patient This Regulation is not met as evidenced by: Based on observation and interview with the Nursing Unit Director, the facility failed to provide sufficient staff to ensure that a staff member was physically present in the newborn nursery whenever a newborn was present. Severity 2 Scope 3	S 348		
S 366 SS=F	NAC 449.3645 Delivery Rooms 2. Each hospital shall have at least one properly equipped delivery room, with the need for additional delivery rooms to be determined by the amount of use of the delivery room. The delivery room must have: (f) Sinks and dispensers which are equipped with foot, knee or elbow controls or an alternative method of control. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the delivery rooms had sinks and dispensers which were equipped with foot, knee or elbow controls or an alternative method of control. Severity 2 Scope 3	S 366	S366 Action Plan: Quotes obtained to replace method of control for sinks. New equipment will be ordered and installed upon arrival. Monitoring: Sinks will be incorporated into monthly EOC rounds to ensure are properly working. Responsible Party: Associate Administrator.	8/31/09

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S 423	Continued From page 12	S 423	S423	
S 423 SS=C	NAC 449.371 Intensive Care Services 4. The responsibility and the accountability of the intensive care unit to the medical staff and administration must be set forth in writing by the director of the intensive care unit. This Regulation is not met as evidenced by: Based on policy review and staff interview, the facility failed to ensure that the responsibility and accountability of the intensive care unit to the medical staff was set forth in writing by the director of the intensive care unit. Severity 1 Scope 3	S 423	Action Plan: Responsibility and accountability of the intensive care unit to the medical staff will be outlined in writing and submitted to the Facility Medical Director and then taken to Medical Executive Committee for review and approval. Monitoring: Director, Inpatient Services will ensure responsibility and accountability guidelines are completed and reviewed and updated annually. Responsible Party: Chief Nursing Officer.	8/31/09
S 424 SS=F	NAC 449.371 Intensive Care Services 5. Whenever a patient is present in the intensive care unit, a registered nurse, with training and experience in intensive care nursing, shall supervise the nursing care and nursing management of the intensive care service. This Regulation is not met as evidenced by: Based on review of the current nurse staffing system and staff interview, the facility failed to have a staffing system that was based on registered nurse assessment of the needs of each patient in the intensive care unit. Severity 2 Scope 3	S 424	S424 Action Plan: Staffing system being revised to ensure staffing takes into account patient assessments and needs. New guidelines and policies to be implemented after staff and nursing leadership education. Monitoring: Nursing Directors to monitor assignments on a weekly basis to ensure guidelines and policy being followed. Responsible Party: Chief Nursing Officer.	8/31/09
S 548 SS=F	NAC 449.385 Surgical Services 9. Each surgical suite must have readily available and in good working condition: (f) A tracheotomy set. This Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a tracheotomy set for	S 548	S548 Action Plan: Tracheotomy sets placed in each surgical suite. Monitoring: Tracheotomy sets will be part of surgical suite check-offs for readiness for cases. Responsible Party: Chief Nursing Officer.	7/15/09

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S 548	Continued From page 13 each surgical suite. Severity 2 Scope 3	S 548	S572 Action Plan: Competency assessment forms being revised to include amount of supervision required for specific procedures. Monitoring: Director of Cardiopulmonary Services will bi-annually review competency forms for accuracy and update as needed to include amount of supervision required for specific procedures. Responsible Party: Chief Nursing Officer.	8/31/09
S 572 SS=E	NAC 449.389 Respiratory Care Services A hospital shall meet the needs relating to respiratory care of its patients in accordance with nationally recognized standards of practice. If the hospital unit has a unit to provide respiratory care services: 3. Personnel qualified to perform specific procedures relating to the provision of respiratory care services and the amount of supervision required for such personnel to carry out specific procedures must be designated in writing. This Regulation is not met as evidenced by: Based on a review of policies, competency assessment records for respiratory therapists and confirmation with the department manager, the facility failed to specify the amount of supervision required to perform specific respiratory procedures for 5 of 10 therapists, including the per diem employees. The updated competency assessment forms did not include the amount of supervision required for specific procedures. Severity 2 Scope 2	S 572		